CHEDULE 5-E			PAGE 11 / 85			
TEMIZED INDEPENDENT EXPENDITURES	3		FOR LINE 7 FOR FORM 5			
NAME OF FILER (In Full)						
HUMANE SOCIETY LEGISLATIVE FUND						
Full Name /Leat First Middle Initial) of Davis						
Full Name (Last, First, Middle Initial) of Payee Wayne Pacelle			Date			
wayne i acene			M M / D D / Y Y Y Y Y 1 D D / Y 2 D 1 D			
Mailing Address						
Apt 1212			Amount			
City	State	Zip Code	14.41			
Bethesda	MD	20814				
Purpose of Expenditure		Category/	Office Sought: X House State: CA			
Staff Time		Type	House Senate			
Name of Federal Candidate Supported or Opposed	hy Evnenditure		President District: 45			
Mary Bono Mack	by Experioritine					
,			Check One: X Support Oppose  Disbursement For: Primary X General			
Calendar Year-To-Date Per Election	Calendar Year-To-Date Per Flection					
for Office Sought		11227.74	2010 Cother (specify)			
Full Name (Last, First, Middle Initial) of Payee			Date			
Abar Hutton Media						
Mailing Address			1 0 1 9 Y Y Y Y Y Y Y			
Mailing Address 6190 Grovedale Court			Amount			
Suite 200			90000.00			
City	State	Zip Code	00000.00			
Alexandria	VA	22310				
Purpose of Expenditure		Category/	Office Sought: X House State: CA			
Advertising		Туре	House Senate			
Name of Federal Candidate Supported or Opposed	by Expenditure	):	President District: 45			
Mary Bono Mack	,		Check One: X Support Oppose			
			Disbursement For: Primary X General			
Calendar Year-To-Date Per Election		101227.74	2010 2010 Contrain			
for Office Sought		101221.14	Other (specify)			

					Amount			
City Washington	State DC	Zip Code 20002				23.37		
Purpose of Expenditure Staff Time		Category/ Type		ice Sought: House	X House Senate	State: CA  District: 45		
Name of Federal Candidate Supported or Oppo Mary Bono Mack	osed by Expenditure	:	Che	eck One:	President  X Support	Oppose		
Calendar Year-To-Date Per Election for Office Sought		101251.11		bursement F 201 Other (specif	0 - 1 1111121 y	X General		

(a) SUBTOTAL of Itemized Independent Expenditures .....

(b) SUBTOTALof Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures .....

(carry total from last page forward to Line 7)

90037.78

Full Name (Last, First, Middle Initial) of Payee

Michael Markarian

Mailing Address